

FILED APR 23 1940

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

11676

Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 547
 (b) Township Mason Primary Registration District No. 3029
 (c) City Hannibal (d) Street No. St. Elizabeth Hospital Registered No. 106
 (e) Length of residence in city or town where death occurred 0 yrs. 0 mos. 2 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Arabella Haseltine Lovelace
 (a) Residence, No. Fabius Twp. Marion County St. ☐ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E. T. Lovelace

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 26, 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
91 2 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at Home
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

13. NAME Benjamin Haley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

15. MAIDEN NAME Mary Harrison

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) Evelyn Lovelace
Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL Palmyra, Mo.
 PLACE Greenwood Cemetery DATE 3/23/40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. Fisher
Palmyra, Mo.

20. FILED 3-23-40 W. H. Fisher Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 21 1940

22. I HEREBY CERTIFY, That I attended deceased from Mar 15 1940 to Mar 21 1940

I last saw him alive on Mar 20 1940 Death is said to have occurred on the date stated above, at 6:15 a.m.

The principal cause of death and related causes of importance were as follows:

Bronchial pneumonia

Date of onset

Other contributory causes of importance: 11/2

Influenza
Senility

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify
 (Signed) J. H. Hall M.D. M. D.
 (Address) Palmyra Mo.

Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FORM 1-12-35 1 X14023

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, He

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Licensed Embalmer No. 2582

P. O. Address Salmyra, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.